ETHNOGRAPHY OF HOMELESS AND HOUSING-INSECURE CANADIANS' EXPERIENCES FILING TAXES AND ACCESSING BENEFITS

Canada Revenue Agency
March 2018

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1. Executive Summary

This report presents the findings of an ethnographic study undertaken by researchers from the Accelerated Business Solutions Lab (the Lab) at the Canada Revenue Agency (CRA). The objective of the study is to understand the needs and experiences of homeless and housing-insecure Canadians in filing taxes and accessing benefits, particularly in the context of the Community Volunteer Income Tax Program (CVITP). This study is not an evaluation of the CVITP or other programs and is not necessarily representative, as the study sample size is small. The findings of this report are based on a qualitative analysis of data collected from fieldwork undertaken during March and April 2017 at social services organizations hosting CVITP clinics in Ottawa. Two researchers from the Lab employed ethnographic methods in their engagement with 42 individuals experiencing homelessness or housing insecurity, as well as 8 individuals affiliated with CVITP clinics as either volunteers or organization staff.

Ethnography:
Ethnography is a qualitative research approach that entails collecting detailed, specific data about real people and their everyday lives. It uses small-scale investigations to search for the underlying meanings and patterns behind people's actions. This methodology relies heavily on immersion in the field, participation, observation, and semi-structured interviewing. These methods allow the researcher to gain access to the "insider" perspective.

Participants in this study have diverse tax filing habits, ranging from those who file annually without fail, to those who file intermittently and those who do not file at all. They experience a range of competing concerns in their daily lives which affect their inclination and ability to file taxes, including health conditions, financial issues, housing issues, and difficult inter-personal relations. Participants also encounter barriers embedded in the tax administration which shape their filing experiences. This report identifies four key barriers: the difficulties encountered with verifying one's identity with the CRA, obtaining and keeping financial documents, communication styles, and lack of computer literacy.

CVITP clinics play an important role in mediating the relationship between the participants and the CRA, and help mitigate some of the barriers homeless and housing-insecure individuals experience when filing taxes. The volunteers' capacities and skills, as well as the clinics' structure and operation, were found to have a significant impact on clients' experiences and their ability to file their returns and access benefits.

All of the participants in this study remarked on the importance of the CVITP for low-income Canadians who may not be able to afford a tax preparation service and might otherwise opt not to file and forego the benefits to which they are entitled. The CVITP is seen as an invaluable service for individuals who require personal assistance with tax filing, whether that is due to personal preference, literacy or communication concerns, addiction issues, cognitive disabilities, or anxiety around taxes and financial matters.

2. Introduction and Research Objectives

Filing a personal tax return provides low-income Canadians with the opportunity to improve their finances by giving them access to an array of federal and provincial benefits, such as the Goods and Services Tax/Harmonized Sales Tax credit, the Canada Child Benefit, the Working Income Tax Benefit, as well as various province-specific measures. These benefits can make a significant difference for vulnerable Canadians, including those experiencing homelessness and housing insecurity. For example, benefits are a source of income that can assist low-income parents in providing for their children – and in some cases making the difference between being housed or unhoused. Despite the economic advantages of tax filing for these populations, there are some individuals who do not file.

A key priority for the Canada Revenue Agency (CRA) is ensuring that Canadians are able to access the benefits to which they are entitled. One initiative that supports this priority is the Community Volunteer Income Tax Program (CVITP), which is a partnership between the CRA and community organizations to provide free tax preparation services for individuals and families who have simple tax situations and modest incomes.[1] The CVITP serves a diverse range of Canadians including seniors, Indigenous persons, youth, newcomers, persons with disabilities, and social assistance recipients. For the 2016 tax year, over 700,000 tax returns were filed through the CVITP on behalf of eligible individuals.

Through Budget 2018, the Government proposes to double the size of the CVITP, helping hundreds of thousands more individuals complete their taxes and access benefits to which they are entitled. This expansion will include funding for additional "year-round" benefit clinics and more outreach activities for vulnerable population segments including seniors, newcomers, people with disabilities, youth, and Indigenous communities. With total annual ongoing investments of $13 million in Budget 2016 and Budget 2018, the Government has quadrupled funding to support the CVITP in recent years.[2]

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[1] Eligibility requirements for the CVITP vary depending on the community organization, but the program's suggested income level for the 2017 clinics was less than $30,000 per year for an individual, $40,000 for a couple, and an additional $2,500 for each dependent. A simple tax situation means that the individual's income is derived from direct sources such as employment, social assistance or pension, and they are not self-employed, do not have capital gains or losses, are not filing for bankruptcy, and are not filing for a deceased person.

[2] Government of Canada. 2018. *Equality and Growth: A Strong Middle Class* [Budget Plan 2018]. https://budget.gc.ca/2018/docs/plan/budget-2018-en.pdf.

However, given the variety of populations who access the CVITP, it can be challenging to understand the needs of specific client groups of whom the CRA has limited knowledge. One such population are homeless and housing-insecure individuals. Therefore, to improve its understanding of these populations, the CRA undertook an innovative project focused on the needs and experiences of homeless and housing-insecure individuals who are eligible for the CVITP. In particular, the research sought to:

- develop insight into homeless and housing-insecure individuals who use the CVITP or are potential users to better understand the barriers they face in filing taxes and accessing benefits, and
- illuminate potential directions for improving service and outreach to these populations.

The project was undertaken by researchers from the CRA's Accelerated Business Solutions Lab with the support of the CVITP program area. The project involved the use of ethnographic research methods, such as interviewing and participant observation. The field research was undertaken during March and April 2017 to coincide with the tax filing season, and took place in CVITP clinics and social services organizations that support homeless and housing-insecure individuals in Ottawa.

The first section of this report presents background information on homelessness and housing insecurity in Canada, including a definition of homelessness and a brief overview of the demographics of these populations. Further context is provided on the scope of homelessness in Ottawa and the housing supports available to homeless and housing-insecure individuals living in the city.

The second section explains the ethnographic research method that was used, including how participating social services organizations were identified, how participants were recruited, how interviews were conducted, and how concerns relating to privacy and consent were managed.

The third section of the report presents the four key themes of the research. The first theme, "The Research Participants and Their Tax Filing Habits," describes the research participants and the spectrum of participant tax filing habits, and expands on the reasons why homeless and housing-insecure persons engage in tax filing.

The second theme, "Experiences of Homelessness and Housing Insecurity," elaborates on the range of competing concerns related to health, finances, and inter-personal relations that homeless and housing-insecure participants' experience. Exploring the daily experiences of participants is important, as this is the context that informs their capacity to file a tax return and access benefits.

The third theme, "Barriers to Filing," draws from the ethnographic data to address the aspects of the tax administration system that present barriers to homeless and housing-insecure individuals. These include difficulties associated with the ability to verify one's identity with the

CRA, communication barriers, obtaining and retaining financial documents, and computer literacy.

The final theme, "CVITP Clinics," explores how the tax preparation clinics operate within the participating social services organizations. In particular, the clinic structure (such as appointment-based or walk-in) and volunteer skill sets were found to have important implications for the clients' ability to file a tax return.

3. Background on Homelessness and Housing Insecurity in Canada

3.1 Defining Homelessness and Housing Insecurity

The *Canadian Definition of Homelessness* report, released in 2012 by the Canadian Observatory on Homelessness, defines homelessness as:

> ***...the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.***[3]

Homelessness encompasses a range of different living circumstances and includes unsheltered persons living on the streets, emergency sheltered individuals accessing homeless shelters, provisionally accommodated persons living in transitional housing or institutional contexts and those who are at risk of homelessness due to financial circumstances and/or the poor quality of their housing.[4]

Homelessness in Canada, once primarily a problem of older, single men, now affects a diversifying range of Canadians including women, families, youth, and seniors.[5] According to the National Shelter Study released in 2016, current estimates indicate that 35,000 Canadians are homeless each night and at least 235,000 Canadians experience

According to the National Shelter Study released in 2016, current estimates indicate that 35,000 Canadians are homeless each night and at least 235,000 Canadians experience homelessness in any given year. As many as 50,000 additional Canadians experience "hidden homelessness" on any given night.

[3] Stephen Gaetz et al. *Canadian Definition of Homelessness* (Toronto: Canadian Observatory on Homelessness Press, 2012). http://homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf
[4] Ibid.
[5] Stephen Gaetz et al. *The State of Homelessness in Canada 2016* (Toronto, Canadian Observatory on Homelessness Press, 2016). http://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

homelessness in any given year.[6] As many as 50,000 additional Canadians experience "hidden homelessness" on any given night, often temporarily living with family or friends as they have no home and no immediate means of acquiring housing.[7]

Although the annual number of shelter users decreased over the period of 2005 to 2014, trends indicate that the duration of shelter stays has increased for all populations, especially for families and persons aged 50 years and older. Of shelter users, adults aged 25-49 account for just over half of the population, while adults 50 years and older are the next largest group followed by youth unaccompanied by an adult.[8] The gender composition of shelters has stayed fairly consistent over the past decade with males accounting for 72.4% of clients and females accounting for 27.3% of shelter clients.[9] In addition, Indigenous persons are notably over-represented in the shelter system, accounting for nearly a third of the shelter population despite the fact that only 4.3% of the Canadian population identifies as Indigenous.[10] These demographics suggest that the experience of homelessness is not homogenous and that the causes and consequences of homelessness may vary across different demographic groups.

While emergency shelter use is an indicator of the current extent of homelessness in Canada, there is also a growing segment of Canadians who are precariously housed and therefore at risk of homelessness. About 16% of all Canadian households are considered to be precariously housed because they spend more than 30% of their income on shelter.[11] Further, 6% of Canadian households spend more than 50% of their income on rent, leaving them at a high risk of homelessness.[12]

3.2 Homelessness and Housing Insecurity in Ottawa

According to the Alliance to End Homelessness Ottawa, there were 7,170 individuals in 2016 who accessed emergency shelters in the City of Ottawa, representing an increase of 5.2% over 2015 and the second consecutive year the city had experienced an increase in shelter use.[13]

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[6] Employment and Social Development Canada. *Highlights of the National Shelter Study 2005-2014: Emergency Shelter Use in Canada,* 2016. http://publications.gc.ca/collections/collection_2017/edsc-esdc/Em12-17-2017-eng.pdf

[7] Stephen Gaetz et al. *The State of Homelessness in Canada 2013* (Toronto: Canadian Homelessness Research Network Press, 2013). http://rondpointdelitinerance.ca/sites/default/files/SOHC2103.pdf

[8] Stephen Gaetz et al. *The State of Homelessness in Canada 2016* (Toronto, Observatory on Homelessness Press, 2016). http://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

[9] Note: Shelters for women fleeing violence were not included in the sample for the National Shelter Study.

[10] Employment and Social Development Canada. *Highlights of the National Shelter Study 2005-2014*: Emergency Shelter Use in Canada, 2016. http://publications.gc.ca/collections/collection_2017/edsc-esdc/Em12-17-2017-eng.pdf

[11] Stephen Gaetz, Tanya Gulliver, and Tim Richter. *The State of Homelessness in Canada: 2014* (Toronto: The Homeless Hub Press, 2014). http://homelesshub.ca/sites/default/files/SOHC2014.pdf

[12] Ibid.

[13] Alliance to End Homelessness. 2017. *2016 Progress Report on Ending Homeless in Ottawa.* https://www.endhomelessnessottawa.ca/progress-report/

There are two City of Ottawa-operated family shelters, eight community-run shelters, and a number of overflow facilities offering support to homeless individuals in the city. These shelters provide women, men, youth and families with access to a place to sleep, meals, and case management to assess their social and health service needs. In addition, clients have access to a dedicated housing support worker to assist them with finding affordable housing.[14] Affordable housing options in Ottawa include a combination of subsidized housing units and housing subsidies (such as rental supplements and housing allowances) provided for individuals living in not-for-profit, co-operative, or privately owned buildings.[15]

For individuals who are unable to access subsidized housing and who cannot afford market rental rates for apartments, one option for shelter are the 1,328 rooming house units in the city.[16] A rooming house is a building with multiple bedrooms that are rented out individually with tenants sharing a bathroom and kitchen. Although there is no official data on rental rates, evidence from a recent report, as well as the study participants, suggest that rooming house rent ranges from $400 to $600 per month in Ottawa.[17]

3.3 Consequences of Homelessness and Housing Insecurity

The Mental Health Commission of Canada concluded that losing one's housing and ending up on the street, living in shelters or living in precarious housing that does not meet the minimum health and safety standards is associated with negative health and social outcomes.[18] Life on the street or in emergency shelters is often characterized by attending to basic survival activities, including finding food, shelter and places to rest and pass the day; avoiding harassment; and for some, engaging in substance abuse as a means of coping.[19] Consequently, homeless individuals' ability to manage chronic health concerns, including physical and mental conditions and addiction issues, can be compromised by these unstable social and physical environments. Similarly, individuals residing in precarious housing, such as rooming houses, are often subject to a harmful and stressful environment that impacts their well-being.

In addition, research suggests that market rental rates in some areas are becoming increasingly unaffordable for Canadians who rely on social assistance programs, pensions, other forms of

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[14] City of Ottawa. "Housing". http://ottawa.ca/en/residents/social-services/housing

[15] City of Ottawa. "Subsidized housing". http://ottawa.ca/en/residents/social-services/housing/subsidized-housing

[16] Somerset West Community Health Centre and Centretown Community Health Centre. 2016. *Health and Housing in West-Central Ottawa: The Facts on Rooming Houses.* https://swchc.on.ca/sites/default/files/RH-EN.pdf

[17] Ibid.

[18] Mental Health Commission of Canada. *National At Home/Chez Soi Final Report*. Calgary: Mental Health Commission of Canada, 2014). https://www.mentalhealthcommission.ca/English/document/24376/national-homechez-soi-final-report

[19] Ibid.

fixed income, or those who work for minimum wage.[20] Having to spend a significant portion of one's income on rent leaves little money left over for basic needs such as food, clothing, transportation, medication, and other contributing factors to health and well-being. Taken together, these findings indicate that lack of access to safe, secure, and affordable housing has implications on quality of life.

3.4 Homelessness, Housing Insecurity, and Tax Filing

The unifying thread between Canadians living in emergency shelters, subsidized housing units, or rooming houses and those who are at risk of homelessness is their limited income. Access to financial supports is therefore of great importance to persons in vulnerable positions. There is a series of federal and provincial benefits to which homeless and housing-insecure individuals in Ontario are entitled. These include the Goods and Services Tax/Harmonized Sales Tax (GST/HST) credit, the Canada Child Benefit (CCB), the working income tax benefit and the Ontario Trillium Benefit. These benefits are designed to help individuals and families with low-to-middle incomes. Initiatives that support tax filing on the part of social assistance recipients are crucial, given that filing their tax return is required to receive many benefits. For homeless or housing-insecure Canadians who are not currently receiving social assistance, access to benefits is even more pressing as the added financial security has significant implications for their well-being and quality of life. Research exploring the needs and experiences of vulnerable Canadians with respect to tax filing is poised to illuminate some of the barriers these persons may face in accessing the benefits to which they are entitled. Qualitative research methods, such as ethnography, are particularly well suited to research involving persons in marginalized positions, as they draw on the direct voices of participants and in doing so often provide fresh insights into complex social issues such as homelessness or housing insecurity.

4. Methodology

4.1 The Ethnographic Method

Ethnography is a qualitative research methodology used in the social sciences, particularly by anthropologists, to study the social and cultural worlds of particular communities. Researchers immerse themselves for an extended period of time in the community being studied, observing and interacting with research subjects in their own contexts, in order to come as close as possible to the research subject's real experiences and perspectives. This form of immersion is known as participant observation, because the researcher embeds themselves in the

[20] Stephen Gaetz, Tanya Gulliver, and Tim Richter. *The State of Homelessness in Canada: 2014* (Toronto: The Homeless Hub Press, 2014). http://homelesshub.ca/sites/default/files/SOHC2014.pdf

community in a dual role, both participating in the activities and daily routines of the community, as well as making observations and taking detailed notes. Ethnographic research methods may also include semi-structured interviews, audio recordings, photography, videography, document analysis, and other techniques. Research notes and interview transcriptions are qualitatively analyzed through a process called coding, which involves identifying patterns within the most relevant parts of the dataset and pulling out themes that can be used to answer the research questions.

As researchers embed themselves in the community, they pay specific attention to how their presence as researchers and their perspectives as outsiders are shaping the events and relationships that unfold. In order to do this, ethnographers try to maintain an awareness of their own subjective position, and the effect that their presence may have on the research site and its existing social dynamics. While achieving a complete insider perspective is considered impossible, ethnographers nonetheless try to get as close as possible to a firsthand understanding of participants' lives.

These methods help ethnographers to uncover the meanings and significance behind patterns of behaviour, revealing deep insight into individuals' perceptions and practices. Other qualitative methods, such as surveys and focus groups, possess strengths of their own, but rarely capture as many fine-grained naturalistic details as ethnographic research. Ethnographic methodology has now been adopted by other academic disciplines and is increasingly being used in government and the private sector as a method for uncovering detailed information that is contextually situated.

The CRA initially piloted the use of ethnographic methods in 2016 when it partnered with researchers from the University of Toronto to undertake a project exploring the barriers to tax compliance for small business owners in Toronto's Kensington Market. The findings of the project indicated that ethnography was a promising new client-centric tool for the CRA to gain insights into taxpayer behavior, and could be valuable to the strategic priorities of advancing innovation, improving services, and increasing tax compliance.

4.2 Recruitment and Methodology

Researchers from the CRA's Accelerated Business Solutions Lab (the Lab) conducted this study using a combination of participant observation and interviewing. Interviews ranged from brief exchanges to lengthy, in-depth conversations, ranging from five minutes to over an hour. The interview style was flexible and conversational, following a list of questions reflecting the objectives of the study, but adapted to the particular circumstances of the interview and allowing for deviation in order to follow interesting and spontaneous lines of inquiry. Some of these interviews were audio recorded, with the consent of the participant, and handwritten notes were taken for some. Participant observation was also completed in Community

Volunteer Income Tax Program (CVITP) clinics and in shelters and programs that serve the target populations, allowing researchers to spend time interacting casually with clinic and shelter clients while observing the social dynamics and everyday practices within these spaces.

The interviews were to some extent limited by provisions in the *Privacy Act*, which specify that the federal government may only collect personal information about an identifiable individual if it is necessary for service delivery. The researchers therefore took care during the interview process to ensure that they did not collect information that could potentially identify a participant, and focused questions primarily on the person's experiences with the tax administration. This constrained the researchers' ability to collect some of the contextual detail that adds richness to an ethnographic study.

Recruitment for this study began in December 2016, when the Lab's project team met with the Research and Education Working Group of the Alliance to End Homelessness, which is comprised of multiple social services organizations that serve homeless populations in Ottawa. The objective was to reach out to these organizations in order to locate potential research sites and to gain insight into how to approach research with these populations. From the Alliance, the project team connected with several organizations that host CVITP clinics and were interested in participating. From these initial connections, the team began conversations with additional organizations, and ultimately established agreements with four organizations.

The project team conducted research with three organizations with CVITP clinics and one shelter without a clinic, all located in or near downtown Ottawa. Additionally, the researchers interviewed staff members at a separate CVITP clinic and one volunteer who runs clinics with several women's shelters and Indigenous organizations in Ottawa.

The three locations where researchers observed CVITP clinics and spoke with clinic users, volunteers and staff members were:

1. A large, multi-service community organization that provides services for families, recent immigrants, the homeless, and others. The CVITP clinic was located in the facility's immigrant welcome centre, was held one day a week, and scheduled by appointment. Potential study participants were identified in advance by staff members based on their housing status, and interviews took place in a small boardroom at the welcome centre.

2. A community-based health and resource centre that includes a medical clinic, as well as a variety of other services geared toward the local community. This organization held a one-day tax clinic with 11 volunteers working simultaneously through the day. Interviews were conducted in a small office near the rooms where taxes were being prepared, as well as in the staff kitchen area. Additional research was done in this location with individuals who were not attending the tax clinic, but were there accessing

the organization's harm reduction services.[21] This organization also held a one-day satellite clinic at an affiliated community food centre. In both locations, the organization's staff members assisted in identifying and introducing potential research participants using their pre-existing knowledge of their clients.

3. A shelter organization that provides temporary shelter services for men and women, as well as longer-term supportive housing and other support programs for individuals who are homeless, precariously housed, and struggling with addiction and mental health. One key volunteer, Liz, organized the tax clinic together with the organization's staff, and filed taxes with the help of two additional volunteers.[22] Clinics took place two evenings per week on a drop-in basis, in addition to several clinics during the day within the organization's specialized programs and shelter areas. Interviews were conducted in several locations, including a caseworker's office, a shelter kitchen, and a room used for their clothing program. Clinic volunteers would refer the clients to the researchers for interviews after they had completed their returns. At this organization, nearly all of the clients were appropriate candidates for the study.

Additionally, the project team carried out research in a shelter that did not host a tax clinic, in order to speak with individuals from the target populations who had not filed through the program:

4. A sizeable shelter with a variety of programs aimed at the community's most vulnerable populations, including addictions services, transitional housing, street outreach, and legal support. The researchers' observations and interviews took place from a small table in the busy common room near the entrance to the shelter, where residents hung out, watched TV, and used the phone.

In addition to the above organizations, researchers also interviewed two staff members from a financial literacy organization that hosted a CVITP clinic. This organization takes many referrals from the shelters and other organizations dealing with vulnerable populations and it files taxes all year round, unlike the aforementioned clinics, which only hold clinics during the tax filing season. Researchers also interviewed one CVITP volunteer who collaborates with multiple organizations, primarily women's shelters and Indigenous organizations, to offer tax preparation services to their clients.

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[21] Note: Harm reduction is an approach to substance abuse and addiction that aims to "reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use. Its cornerstones are public health, human rights and social justice." See the Canadian Harm Reduction Network: https://www.canadianharmreduction.com/

[22] Note: All participants have been given pseudonyms to protect their privacy.

4.3 Privacy and Consent

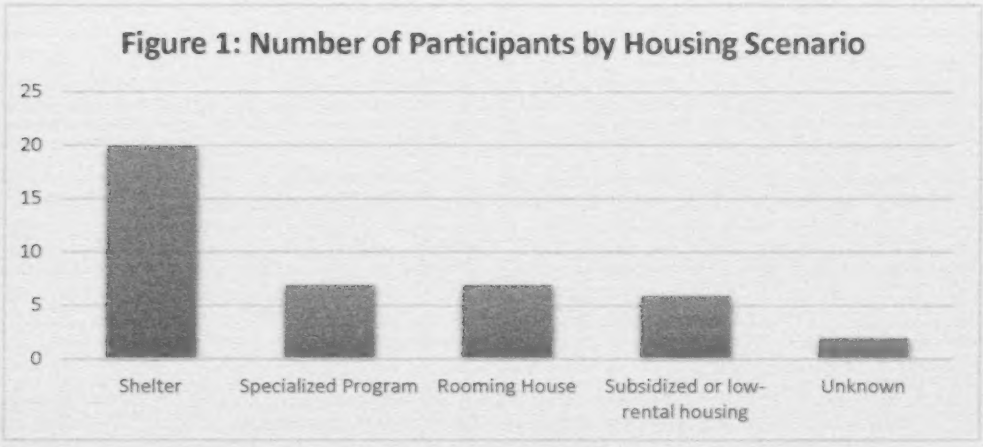
At the beginning of each interview, research participants were briefed on the purpose of the research and how their privacy would be protected. Participants were then asked for their consent to include the information they would provide in the interview in this report. Participants were asked to read and sign a consent form indicating that they understood the purpose of the interview and consented to being included in the study. Participants were informed that their identity would be kept confidential and that the project team would not be collecting any of their personally identifying information, in accordance with the *Privacy Act*. Participants were also informed that they could withdraw their information from the study if they chose, until the end of the research collection period. For this report, all participants have been given pseudonyms in order to protect their privacy, and some personal details have been withheld.

5. Research Findings

5.1 The Research Participants and Their Tax Filing Habits

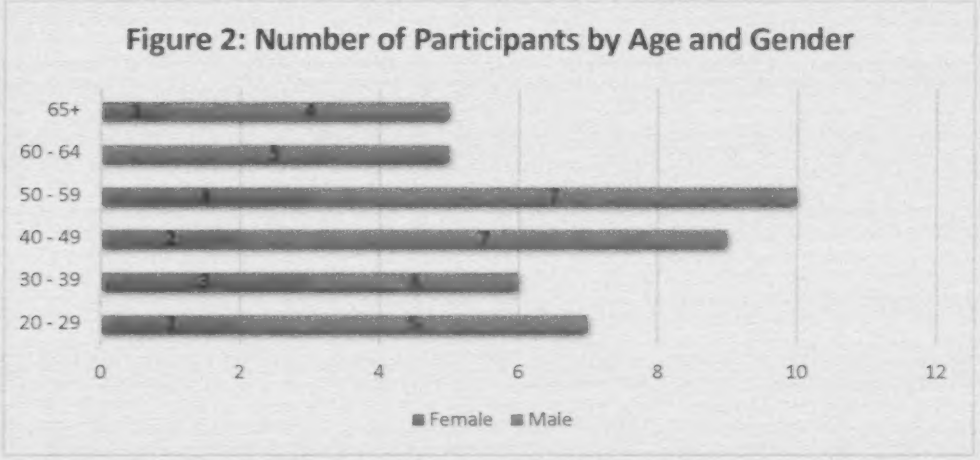
5.1.1 Demographics

A total of 50 individuals were interviewed for this study, of whom 4 were CVITP volunteers, 4 were staff members at organizations hosting CVITP clinics, and the remaining 42 were homeless or housing-insecure individuals. As illustrated in Figure 1, 20 of the participants were residing in a shelter at the time of the research. An additional 7 were residing in one of two specialized programs, either an addictions management program for homeless individuals, or in a supportive housing program for women. Another 7 were living in rooming houses and 6 were living in rental housing, either in social housing subsidized by the City of Ottawa, or in market rental units. Participants who lived in housing outside of the shelter system (such as rooming houses, subsidized units and market rentals) at the time were all individuals who had either been formerly homeless or were at risk of becoming homeless, as they were spending a large portion of their income on housing and were vulnerable to increasing rent and utility prices. An additional 2 individuals did not disclose their housing situations, but researchers met and interviewed them as clients of services that serve the homeless, such as an addictions drop-in for street-involved individuals. The study did not include individuals who were unsheltered or were not connected with social services organizations, as participants were recruited through shelters and other service providers.



Of the 42 homeless and housing-insecure participants, approximately 75% were male and 75% were Caucasian. Eight participants were visible minorities and 3 identified themselves as Indigenous. Due to the intimate nature of ethnographic interviews, it was important to ensure that participants would be comfortable speaking about personal and potentially sensitive topics. The researchers therefore did not inquire about the participants' ethnic background in every instance and relied instead on their own observations, which may not accurately reflect the participant's identity in every case. It is possible, for example, that there were additional Indigenous participants in the study who did not identify themselves as such.

The participants represented a wide range of ages, from 7 individuals in their 20s to 5 individuals over the age of 65. The majority (57%) were between age 40 and 64 (see Figure 2). Female participants tended to be on average younger than the men, with only 1 over the age of 60.



Six participants reported having children, but 4 of them did not have custody of their children at the time of the research. Other participants mentioned having adult children who are no longer dependent.

In terms of income, none of the participants reported steady employment, 2 reported doing day labour work through a staffing agency, while others derived income through panhandling. One man's income was derived from his private medical insurance, as he was on leave from work due to a health matter. Of the study participants, 15 were on social assistance programs: 12 from the Ontario Disability Support Program (ODSP) and 3 from Ontario Works.

Benefits represent a significant income source for many of the participants. Of the 30 individuals who filed their taxes for 2016, all received the Goods and Services Tax/Harmonized Sales Tax (GST/HST) credit and the Ontario Trillium benefit (OTB), with 3 also receiving Canada Pension Plan (CPP), Old Age Security, and Guaranteed Income Supplement payments, and 2 others receiving the Canada Child Benefit (CCB). None of the participants reported receiving the Working income Tax Benefit.

5.1.2 Participants' Tax Filing Habits

Most of the participants had filed their taxes and were receiving benefits, including many who were experiencing very difficult circumstances. A smaller number did not file or had not filed for many years, some reported filing for some years and not others, and others still were returning to filing after a period of not filing. Of those interviewed, 26 had filed for the current tax year through the CVITP and 4 had filed using other services. Of the remaining participants, 9 disclosed that they had not filed for the current year. The filing status of the remaining 3 is unknown—interviews with these individuals were briefer and focused on other subjects.

Although 71% of participants confirmed having filed their taxes for 2016, this likely does not reflect the filing habits of the overall homeless and housing-insecure populations. Some of the participants who did not file in 2016 had filed in previous years, while others who filed for the year 2016 do not necessarily file annually. Many of the participants were recruited through CVITP clinics where they had already filed their taxes, which indicates that the proportion of participants that file may be higher than average for these populations. Attempts to quantify the portion of the homeless and housing-insecure populations that file tax returns is beyond the scope of this study.

Those who regularly file had various reasons for doing so. As the participants have little to no income, many reported that they file their taxes because they depend on benefits such as the GST/HST credit and the OTB. They tended to have a system for keeping their documents and a habitual method of filing, often relying on a tax preparation service. Some participants explained that they file out of a sense that it is part of one's civic responsibilities as a Canadian.

Lina, a woman in her mid-60s who lives in an assisted living program, explained that, for her, it is both of these reasons:

> ***I want the benefits of filing. I also see it as a citizen's duty, that you do your taxes... I do believe that one should pay taxes, otherwise you're not going to get any services... Well in my case, it's been the case that I've needed it and it's been there for me. But if people didn't pay taxes, or we were in a system with no taxes, then you're on your own. So it's about the security net.***

Lina worked for many years earlier in her life and developed a strong ethic of contributing to the social safety net through taxation. Now, later in her life, she has had to rely on that safety net and has maintained her habit of filing taxes annually.

Among those who do not file, or who file in some years but not in others, participants provided many explanations for their behaviour. Contributing factors included: fear or stress related to one's financial situation and worries that filing taxes may result in debt; avoidance of an existing debt with the CRA; a negative perception of the tax system, the CRA, or the government generally; challenges with tracking deadlines and with obtaining and keeping financial documents; and lack of necessary identification. Two factors that stood out during interviews as particularly salient were that, first, some individuals did not realize that they stood to benefit from filing, and second, the immediate concerns of day-to-day life were so pressing for some that tasks requiring advance planning and organization, such as filing taxes, become deprioritized.

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Often the reasons why homeless and housing-insecure individuals do not file their taxes are a complex combination of these factors, in addition to a set of specific life circumstances and institutional barriers. For example, Samuel, a man in his mid-20s, currently lives in a shelter and has a very small income comprised of earnings from panhandling and day labour shifts found through a staffing agency. He has not filed a tax return since he was a teenager and he says that it is "not on his radar at all." Samuel explained that he did not see the point of filing, since his income was so low, and that it wasn't a priority for him because he is only able to think about the immediate moment, given his dire circumstances. Additionally, he said that his wallet containing all of his identification and paperwork was stolen from him at the shelter.

For participants who have not filed for a period of multiple years due to personal hardship or for any of the other reasons listed above, beginning to file again may be a struggle, but can be

part of a greater effort to get their lives back on track. For example, Susan is a former drug addict in her 50s who has been recurrently homeless since she experienced a mental health crisis 15 years ago. She had not filed her taxes for 8 years, and it was difficult for her to begin filing again because she felt anxious about owing money or getting into trouble. When she did start filing annually again, it was with the help of a free tax clinic,[23] and was closely related to her commitment to get sober and start taking care of her responsibilities. She told the researchers that she had spent years feeling like an outcast, but that now she wanted to feel like a contributing member of society, and that filing her taxes again was part of her fresh start.

The researchers observed that there are multiple complex factors that contribute to an individual's perceptions of and practices around tax filing. The following sections elaborate on the lived experiences of homeless and housing-insecure individuals and the barriers related to tax filing.

5.2 Experiences of Homelessness and Housing Insecurity

Participants in this study differed not only in terms of their tax filing habits and their reasons for filing, but most notably in terms of their life experiences. Each of the participants' pathways into homelessness or housing insecurity was marked by a complex set of experiences ranging from traumatic events (such as a house fire, criminal activity and war), to personal health struggles (such as addiction, chronic illness and disability), to the cumulative effects of unstable employment. For example, Paul is a 60-year-old man who retired last year after working for the City of Ottawa for 30 years, and who now collects a pension that is insufficient to cover the cost of the apartment he had lived in for years. He recently moved into a rooming house where he plans on living temporarily while he applies early for the CPP so that he can regain financial stability. In contrast, Maria is a mother in her late 20s who immigrated to Canada in 2015 after living in a refugee camp for years with her two children. Due to the financial burden of immigration and the high costs of rent and utilities, she now finds herself in a family shelter and on the waiting list for subsidized housing. Finally, Ian is a man in his late 50s whose life fell apart when he developed an addiction following the sudden loss of his son a decade ago. With community support, Ian regained sobriety and lived in a rooming house while he waited for subsidized housing, something he described as crucial.

Paul, Maria, and Ian's life experiences could not be more different and yet these participants reflect the growing diversity of Canadians who find themselves either homeless or at risk of homelessness. There is a common series of services and community organizations (such as social assistance, shelters, health clinics, and drop-in programs) study participants routinely interact with that shapes their daily lives and impacts their efforts to re-establish themselves. Furthermore, participants' ability to access these social supports and the quality of their

[23] Note: It is unclear if this free tax clinic was part of the CVITP or not.

interactions with staff, volunteers, and other clients is partially determined by their personal history and health status. This section expands on each of these insights so as to provide a deeper understanding of the personal, social, and financial aspects of participants' everyday lives that inform their capacity to file a tax return and access benefits.

5.2.1 Personal Health and Life Events

The participants' ability to cope with living in a shelter or rooming house, the complexity of their daily needs, and their capacity to seek out available services are all affected not only by their health status, but also by their personal history and the precipitating events that led them to homelessness or housing insecurity. Just over half of the 42 homeless or housing-insecure participants divulged experiences of either chronic illness (both physical and mental), issues with addiction and/or histories of trauma that have shaped their lives in various ways.

One of the ODSP recipients who participated in this study was Brian, a man in his late 50s who had recently completed a shelter-based addiction management program and was in the process of transitioning to a long-term care residence. Brian explained that he suffered from debilitating memory issues as the result of both a past head injury as well as emotional trauma. Consequently, he often has difficulty recalling details such as names, addresses, and identification markers (such as his Social Insurance Number (SIN) or birthdate), as well as his important life events. Brian finds his memory issues extremely frustrating to deal with and felt the need to apologize for losing his focus throughout the short conversation. Practically, these cognitive limitations mean that Brian's ability to navigate the social support system is complicated by his struggle to recall the information often required for accessing services. Fortunately, his connection to an addiction management program enables Brian to receive support for his other chronic health conditions, thereby mitigating some of the difficulties he experiences with his disability. Brian's story is important as it reveals the types of issues that participants may encounter that often have far-reaching consequences for how they interact with others, how they feel about themselves, and the kinds of activities in which they feel comfortable or able to engage. However, it is important to note, that Brian and other participants' experiences of disability are not uniform and that each is affected by various factors such as their social and physical environments and the accessibility of inter-personal, healthcare, and financial supports.

In addition, certain participants viewed the emphasis on addiction management in the shelter system as limiting the support that residents with other types of chronic illnesses and/or non-health-related concerns receive. Sarah, a woman in her 30s who lives with an anxiety disorder, a mild learning disability, and a chronic pain condition, felt that support for people like her was lacking. She had been in the women's shelter for three months, having ended up there as the result of a house fire in which she lost everything. Sarah's loss of housing meant that she had become ineligible for the rental portion of the Ontario Works program and her monthly

allotment had been reduced, thereby impacting her ability to save for a new apartment.[24] Sarah was deeply frustrated with her situation and was worried that she would become trapped in the shelter system. For Sarah, circumstances such as the traumatic loss of housing, reduction in income, and the lack of privacy to manage her chronic health conditions all amounted to a stressful experience that was taking a toll on her well-being. The feeling that one is alone in dealing with these complex health, social, and financial issues can be overwhelming and disorienting for individuals like Sarah and many others.

Furthermore, while some of the participants did not openly speak of their health status, they did speak of experiences including unforeseen events, job loss, long-term financial insecurity, and the breakdown of intimate relationships. These stressful experiences are ones that loom large in their lives, and for some participants come to occupy a central position in their everyday thoughts and concerns. The trauma associated with these types of losses can be paralyzing, as Lina, a woman who was a victim of crime and ended up losing everything, explained: "...when I arrived at the shelter, for six months I just sat there and stared at the wall." Learning to cope with one's dramatically altered life is in and of itself a challenging task, and one that is further complicated by the daily routines and limited spaces of shelters and rooming houses.

5.2.2 Shared Spaces and Housing Conditions

The experience of living in precarious housing such as an emergency shelter or a rooming house is one that the majority of participants described using the words "anxiety," "unsafe," and "lacking privacy." The limitations on space and the shared social environment of these types of housing mean that individuals are brought into close contact with others that they may have little in common with, and/or may be experiencing health challenges unfamiliar to them. Consequently, the stress and anxiety of these situations can itself take a toll on the well-being of the persons who are forced to inhabit them.

Greg, a man in his late 40s, is one participant for whom these types of housing pose particular difficulties. Greg disclosed that he was a beneficiary of ODSP, explaining that he has schizophrenia, which he manages through a combination of medication and the support of an outpatient program. He was living in a men's shelter, having recently lost his subsidized housing unit due to his inability to pay his full rent for two months in a row. The experience of living in this type of space was particularly stressful for Greg, as he felt that it was unsafe for others to live with him due to his mental health condition. The lack of privacy and the constant need to manage interactions with other residents is a pressing, everyday reality that for some

[24] Note: The financial assistance provided through the Ontario Works program includes income supports to cover basic needs such as food, clothing and personal items as well as a shelter allowance. Clients who are living in an emergency shelter are only eligible for the basic needs amount of Ontario Works and do not receive the shelter allowance.

participants overshadow other less immediate concerns such as tax filing, filling out paperwork, and seeking out available services.

In addition to these inter-personal dynamics, a number of participants noted that the daily routines of emergency shelters left them feeling anxious and adrift. In particular, they were referencing the expectation that clients leave the dormitory area of the shelter during the daytime to access services in the surrounding community (such as a library, employment resource centre, drop-in program, or community kitchen). This daily structure was perceived, particularly by participants experiencing homelessness for the first time, as a barrier to re-establishing themselves. Further, participants spoke of only being able to retain minimal belongings and of being discouraged from personalizing their spaces at the shelter. This practice not only reinforces their sense of lack of control over their lives, but also has important implications for tax filing (as will be discussed in section 5.3). The sense of unpredictability of what each day will bring, where and how one will pass the hours, and with whom one will be in contact with can be overwhelming and can impact participants' efforts to acquire the support they need.[25]

Further, the 7 participants living in rooming houses described the living conditions of these privately owned buildings as being in a state of disrepair and as posing a public health concern due to rodent and insect infestation. Unlike the shelters, residents of rooming houses are responsible for cleaning the communal spaces, which is a source of tension in participants' relationships with other residents who may lack the capacity to perform the necessary upkeep. In some cases, the unsanitary conditions of these types of housing become a source of stress and anxiety for participants like Joe, who described his experience as follows:

> *I was at a rooming house on Magnolia Street and it was unbelievable, just filthy and full of bugs and every one of them is like that...you know, even though I'm living in squalor I still am neat and clean and that sort of thing. I mean at least I have standards for myself right? But these places are just horrible...I just used four cans of spray at my place...you know it bothered me so much I couldn't sleep at night.*

Joe had originally worked in the trades for over three decades until he suffered a health setback five years ago that meant he lost his driver's licence, his certification, and his ability to maintain stable employment. He was receiving ODSP and noted that the only attractive part of living in a rooming house was the price, which was just over 40% of his monthly income. As previously discussed, the cost of market rentals in Ottawa and the difficulty of obtaining subsidized housing mean that rooming houses are one of the only viable housing options for persons with limited income, and are in some ways the last stopgap before homelessness. However, life in a rooming house is marked by uncertainty, in part due to financial, sanitary, and inter-personal factors, but also due to the fact that the majority are privately owned buildings with the

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[25] Note: These points are made not to critique the incredibly important services that shelters in Ottawa provide but rather to highlight some of the interactions and circumstances that the 20 participants living in shelters experience on a daily basis.

potential to be sold or torn down. Joe found himself in this position and was concerned that he would be homeless by the end of 2017, as his rooming house was up for sale. He was worried that he would not be able to find another affordable place to live in his area of the city, as condominium development was outpacing the investment in affordable housing units. He seemed resigned to this outcome stating, "So I'll throw out all my furniture. Start fresh. Go to the Mission and stand in line."

5.2.3 Limitations of Social Supports

Notably, over 80% of participants spoke of the difficulty of obtaining subsidized housing in Ottawa, with the majority explaining that they had been on the waiting list from two to five years. Even Maria, the young refugee mother introduced earlier, revealed that although families are given priority she had been told by other clients that it could take up to one full year for her to be able to transition out of the family shelter. The prolonged wait and the need to reside in precarious housing in the interim mean that concerns over stable, secure housing remain at the forefront of participants' experience. Aside from the privacy and security that subsidized housing offers, access to this type of housing was also perceived to be a key component of achieving financial stability and of being able to adequately care for oneself and one's family.

While some participants are able to navigate these uncertain experiences, relationships and spaces while successfully fulfilling more abstract tasks such as tax filing, for other participants this ever changing and sometimes chaotic environment leaves little room to consider things other than their pressing everyday needs. This is an important insight as this is the context that informs participants' willingness and ability to interact with representatives of the tax administration in order to file their tax return.

The study's participants were acutely aware of the margin between being housed or unhoused, and often need to draw on a diversity of services to help maintain their quality of life. For example, Joe, Paul, and Ian turn to spaces such as local food banks, soup kitchens, drop-in programs, and churches to cover their monthly food, clothing, and toiletry needs. In addition to material support, these participants were especially appreciative of the inter-personal support and sense of community that the volunteers and staff at these organizations provide for their clients. The majority of participants, however, expressed concern that while there are many resources out there to help people in vulnerable positions, it can be quite difficult to find out about them. For many reasons, including health concerns, the stress of daily life, and limited literacy (including computer literacy), participants' capacity to ask for help and their knowledge of who to ask can be limited. Further, for persons experiencing cognitive disabilities or complications with addictions there is a need for a type of personal assistance from social workers, case workers, and healthcare practitioners. These types of people act as gatekeepers to much-needed resources, yet individuals who are living in private rooming houses or who are

unsheltered are unlikely to have immediate access to these key people. As a result, they may not be connected to the full complement of services from which they could benefit.

This discussion of participants' life experiences was intended to illustrate the range of competing concerns that homeless or housing-insecure individuals can experience on a daily basis. These concerns include health-related issues (such as chronic illness, addiction, and recovery from traumatic experiences), issues with managing relationships with other residents, and financial difficulties. Being confronted with these concerns on a daily basis potentially limits the activities in which participants engage and the level of self-care that they are able to maintain. As mentioned, certain participants are able to navigate these uncertain experiences, relationships, and spaces while successfully fulfilling tasks such as tax filing. For other participants, however, this ever-changing and sometimes chaotic environment leaves little room to consider anything other than their pressing everyday needs. This is an important insight as this is the context that informs participants' willingness and ability to interact with representatives of the tax administration in order to file their tax return.

5.3 Barriers to Accessing Benefits

According to the U.S. report *Strategies for Improving Homeless People's Access to Mainstream Benefits and Services* (2010), "structural barriers are obstacles that prevent an eligible person from getting available benefits, such as where programs are located, how they are organized, or what they require of applicants... Homeless individuals and families face unique structural obstacles because, by definition or circumstance, they do not have the ready means of communication, transportation, regular address, and documentation that most mainstream programs require."[26] In the context of accessing benefits, barriers are aspects of the tax administration and implementation that inhibit an individual's ability to easily file their taxes, access their tax information, and receive benefits. This section identifies four specific barriers that reduce accessibility of benefits for homeless and housing-insecure individuals: verifying one's identity when accessing the CRA's telephone services; obtaining and keeping documents; communication barriers; and computer literacy and technological challenges.

[26] US Department of Housing and Urban Development. 2010. *Strategies for Improving Homeless People's Access to Mainstream Benefits and Services.*
https://www.huduser.gov/portal/publications/StrategiesAccessBenefitsServices.pdf

5.3.1 Verifying One's Identity with the CRA

Before call centre agents are able to discuss confidential matters, they must ask individuals over the phone to confirm their identity by providing personal details, which the agent verifies against the CRA's records. However, a person's complex set of circumstances may prevent them from easily answering these identifying questions. Some individuals may struggle to recall information due to health conditions, injury or addiction, while others may be unable to recall the last address the CRA has on file for them because they move frequently.

When an individual needs to access their information from the CRA or to ask a tax-related question, and if they cannot or do not want to access this information online, their only option is to phone the CRA's call centre. However, the requirement to confirm one's identity by answering security questions posed by call centre agents can create a significant barrier for homeless or housing-insecure individuals. Before call centre agents are able to discuss confidential matters, they must ask individuals over the phone to confirm their identity by providing personal details, which the agent verifies against the CRA's records.

However, in many cases a person's complex set of circumstances prevents them from easily answering these identifying questions. As discussed in section 5.2, some individuals may struggle to recall information due to health conditions, injury, or addiction. A CVITP volunteer stated that she didn't know how some of these clients would get their taxes done or resolve their tax-related questions without assistance, as many have disabilities that affect their memories, cognitive abilities, or speech. For these individuals, the help of an intermediary is crucial.

Those who are homeless or housing-insecure may also change addresses frequently — they may move between different shelters, addiction treatment programs, or friends' places — and may therefore unable to recall the last address that the CRA has on file for the purpose of verifying their identity. The CRA may also ask callers to provide details related to their last tax return, such as the exact amount of their last tax refund. It can be difficult for these individuals to hold on to records that contain this information, particularly for those who are street-involved or reside in shelters, and who may not have access to online banking or tax documents.

Sarah explained that, because of her dyslexia, she had not been able to pass the security verification questions that were asked of her. She could neither recall the exact amount of the last cheque she received from the CRA close to a decade ago, nor could she remember the postal code for the address on file for her. Similarly, Liz, a CVITP volunteer, recounted a situation with a man at a shelter who had been in an addiction treatment program and struggling with anxiety. He had filed his taxes a month prior through a different service, but had not yet received the refund or benefit payment he was expecting. The volunteer helped him to call the CRA to find out what had happened, but he got stuck on the security clearance because he had had many addresses over the years and he could not determine which one was on

record. He then tried to update his address over the phone, but the agent informed him that he would have to submit his request by fax. This is in itself a further barrier to service for this client, as fax is an outdated technology that is not easily accessible for individuals in ordinary circumstances, let alone a person residing in a shelter.

Struggles to confirm one's identity over the phone came up in eight interviews with CVITP clients and volunteers. Another long-time volunteer confirmed that this issue had presented a significant enough barrier for some clients that they had given up on the process:

> *...if they can't answer every question about the addresses they've lived in, including a postal code, it becomes very difficult. I've had just a couple of examples this year where we had some people who've been in many different treatment programs, at many different treatment centres, and their addresses would change so much, they don't remember where they last lived, the last time they dealt with CRA, and then telling that person, saying 'okay, well, you're going to have to write a letter and send it in.' They're like 'pfft, I'm not doing my taxes then.' They're just going to walk away, frustrated with the process.*

5.3.2 Obtaining and Keeping Documents

A related barrier is the challenge of obtaining and storing the documents that are required to file one's taxes and to verify one's identity while living in a temporary or emergency residence. In situations where a person's address is not stable or changes frequently, individuals may have difficulty acquiring their Notice of Assessment, slips from employment and social assistance, and other documents required for tax filing. Many participants explained that they received their mail through a service provided by the shelter, but others moved frequently between shelters, and some did not know which address the CRA had on file for them. Updating one's address can also be challenging over the phone, as explained in the previous section.

In a shelter environment, individuals are often encouraged to leave the shelter dormitory during daytime hours and are not permitted to leave their possessions in the dormitory room, although some shelters have lockers where possessions can be stored. Such limited space for personal possessions means that items must be prioritized, and the inability to keep possessions in one's room inhibits the ability to set up a physical organization system for important documents. According to June, who is in her mid-50s and living in a supportive housing program:

> *One of the reasons I think people don't collect their documents is that they're in such an unstable environment. If you're in a dorm with 30 other people, there's no way you could collect anything. You don't have the space and you're constantly having to interact with other people, and other people who are not always... people who have a lot of issues. And*

there's violence in shelters. And you have to watch your back. So you're not... You know, keeping your receipt is not your top priority.

Shelter environments are not conducive to keeping one's financial documents organized. Many participants reported having lost documents, and some reported having had their valuables stolen. For those who have had many temporary residences or who have had to flee negative circumstances, it may not be easy or even possible to bring their important documents with them. Many of these problems could potentially be resolved through the use of the CRA's My Account portal, but as will be explained in the following section, online services are not accessible to all individuals.

5.3.3 Communication Styles

CRA communication, whether online, over the phone, or by mail, can pose a barrier to some homeless and housing-insecure individuals who may struggle to understand the CRA's technical communication style, or to write or speak in a manner that is comprehensible and acceptable to the CRA.

Further, this barrier is more than simply a matter of using technical language. The CRA's communication practices operate according to social norms that may be unfamiliar or alienating for some people, such as individuals from homeless and housing-insecure backgrounds who may be socialized into communication styles that do not fit with the CRA's. Although efforts are made to use plain language, the CRA's communication style comes from a work environment that prioritizes professionalism, accuracy, and politeness. For some participants, the prospect of having to interpret and communicate with a CRA agent can be intimidating, due to their socio-economic background, mental health status, disability, addiction, or other factors.

For example, the team met Jacob, a young man in his 20s, at a harm reduction program where he was visiting friends and staff members, with his young child in tow. Formerly homeless and a recovering addict, Jacob explained that he was worried he was going to have trouble with the CRA when he got full custody of his child, which he was pursuing. He said that the last time he filed his taxes was three years ago and at that time he received an assessment stating that he owed several hundred dollars. This was impossible, he said, and he could not pay the debt. He was worried that this debt would be deducted from his CCB payments when he became eligible, and was unaware that, unlike with some other benefits, the CCB is protected from being applied to outstanding debts. His tone during the conversation was aggressive and defiant – expressing indifference about the problem, but also anger at the tax system and the government in general. When asked if he had followed up with the CRA about his assessment, he said that he had not and he did not care to, but he also explained that if he did not receive his CCB he would have to call them and tell them to "give him his fucking money," as though

this display of his force of will would make the CRA to comply with his demand. He continued to say that Canada did not spend enough money helping the poor, and attributed this problem to the government's immigration policy. The conversation was strained and Jacob became adamant and loud in making his point, causing the nearby staff members to become visibly uncomfortable. If Jacob were to eventually attempt to reach out to resolve his concerns, his confrontational approach could cause problems in his interactions with CRA agents, potentially preventing him from accessing information he needs and resolving his concern.

An additional complicating factor is that many participants have disabilities and mental health concerns that may affect the way that they think and speak, as well as the way they comprehend and respond to what is said to them. This may include short- or long-term memory disruption, learning disabilities, and many other medical conditions that involve speech or cognitive impairment. Even the prospect of having to get on the phone with a CRA agent can be intimidating enough to pose a deterrent, as long-time CVITP volunteer Liz explained:

> *... It was a little bit easier when, I guess there were walk-in services available, some people felt more comfortable just walking up to a counter, showing their ID and getting a printout... I find with, especially with the homeless groups, especially if they're having some mental health issues and stuff, the concept of getting on the phone and answering all these questions about who they are, when they say 'well, like, I have my ID, why can't I just show my ID to somebody?' You know? And for them I think that's the thing. For them it's like, sometimes they just want to give up and walk away. They can't handle the pressure or the stress of getting on the telephone some days. Even if you initiate the phone call for them, and help them, you dial in and explain to the person who answers the phone and say 'okay, I have somebody here who wants to get copies of their slips. I'm going to pass the phone over now and they're going to answer the rest of your questions.' You know, even then, sometimes it's difficult for them.*

For individuals who have disabilities or mental health issues that affect the way they communicate and comprehend, and who may have been embedded in poverty since their early lives, the prospect of communicating with the CRA can be daunting, whether it involves talking on the phone with an agent, writing a letter, finding a fax machine, filling out a form, or interpreting a webpage.

Call centre agents act as the voice of the CRA in its interactions with citizens, and the only personal interaction that a person will have with the CRA is typically through these agents. The way agents communicate over the phone will shape the way that individuals perceive the CRA as a whole—both with respect to their competence, but also their attitude and their sensitivity. When an individual is contacting the CRA to deal with a complex problem involving their financial matters, these issues may also be emotionally difficult to discuss. For those living in shelters, sorting out their finances may include revealing the reasons why they have become homeless, such as disclosing that they have left an abusive domestic partner. For others, it may entail disclosing that they have lost custody of their child, that a family members has died, or

that they have become disabled. However, CRA agents are not always equipped to deal with such sensitive matters.

5.3.4 Computer Literacy and Technological Challenges

Like many other federal government organizations, the CRA has in recent years expanded its online services and encouraged users to take up those services. This includes a shift to online tax filing, the introduction of an online platform for managing tax affairs and receiving correspondence from the CRA, and a transition to online forms of communication and service delivery. While these changes have been largely successful in simplifying the way that many Canadians interact with the CRA, for others this shift has created new barriers to accessing information and benefits. According to one CVITP volunteer, who is also an employee at a multi-service community organization:

> *A lot of these people don't have access to computers... They have nowhere to get their statements. And so, yes, they can get them online, but if they don't have access to computers, they're out on the streets... A lot of them don't know how to use computers, so they won't come into a centre to print those out... even if you're trying to help them here, you still have to give them that level of privacy where it is their account and you can't have passwords, you can't have anything. But at the same time you're holding their hand through the process of registering for one... And then you have to explain to them how to keep their password so that the next time they need to do it, they have their passwords handy, and so you try to give them tips on how to create passwords that they'll easily remember.*

While participants did not report struggles with literacy generally, a lack of computer literacy is a significant barrier for some. At the same time, it's important to acknowledge that participants' experiences are not homogenous. Although online services are difficult for some individuals, others are adept at using them. Likewise, not all participants struggle to communicate with the CRA, and some have become skilled at managing bureaucratic processes because they are reliant on social assistance and other programs that require navigating extensive applications, waiting lists, interpretation of eligibility requirements, submission of personal documentation, and other requirements.

5.4 CVITP Clinics

The CVITP clinics themselves play an important role in mediating the relationship between taxfilers and the CRA and help to mitigate some of the barriers to tax filing discussed in the previous section. Although the CVITP provides guidelines on client eligibility, requirements for filing and options to structure the clinic's operations, there is a certain amount of flexibility

given to the clinic coordinators within the partnering community organizations to ensure that their clients' needs are being met. Further, the researchers found that successful tax filing requires not only the necessary client paperwork and volunteer knowledge of the tax software, but also the ability of volunteers to assuage clients' anxiety and concerns with tax filing. A clinic coordinator explained the dynamic between the volunteers and clients as follows:

> *Half of my job is dealing with keeping people calm and emotional reassurance and that sort of thing is a huge aspect of it. Which you don't realize how stressful it can be until you're sitting there with someone.*

The key insights in the following sections provide a clearer understanding of how these CVITP clinics operated on the ground and how participants experienced the tax filing process in these spaces.

5.4.1 Structure of the CVITP Clinics

The CVITP clinics where the research took place were offered by social services organizations such as community health centres, community resource centres and shelters delivering a range of emergency and transitional housing. As per CVITP guidelines, these organizations were able to set up their clinic as a walk-in, appointment-based, drop-off tax filing service, or some combination depending on their resources. The researchers observed that the structure and atmosphere of the clinics often reflected the organization's broader approach to service delivery. The space allocated for the clinic, the number of volunteers, and the type of clinic were all found to have important implications for who is able to access these services, who feels comfortable in these spaces, and for the quality of interactions between the clients and volunteers.

For instance, a clinic held at a community health centre in April was structured as a single day-long, appointment-only service with 11 volunteers. Upon arriving, clients checked in with a staff member before being seated in a waiting area until a volunteer became available. Clients had been referred to the clinic by their primary healthcare providers and pre-screened for eligibility during the appointment booking process. In addition, they had received a reminder phone call confirming both their appointment time and the necessary paperwork and identification (such as photo identification and SIN) they were required to bring with them. Given that it took place within a community health centre, the tax clinic itself closely mirrored the style and atmosphere of the medical service model, with an emphasis on efficiency and friendly professionalism, as well as with a certain degree of formality. The relationship between the volunteers, organization, and clinic clients was limited to the task at hand. Although the majority of volunteers return on an annual basis, they are less likely to be affiliated with the organization's other programs and services. Researchers found that this type of clinic works well for those who are able to adhere to a schedule and who are capable of collecting and

keeping necessary tax documentation (such as a T4, T5007 and rent receipts) and some form of photo identification.

Another clinic that the researchers attended took place one day a week during March and April, and was run out of a community resource centre that is part of an organization offering education and employment counselling, family and youth programming, and on-site emergency and transitional housing. While this clinic also had a pre-screening process to gauge client eligibility and was appointment-based, there was a more familiar, comfortable ambiance to this particular clinic. This was in part attributable to the clinic being located in the organization's resource centre, which is a space familiar to both residents of the building and community members who come to use the public computers and seek assistance with programs related to employment, education, and training.

Additionally, the staff responsible for administering the weekly clinics were the same staff who worked in the resource centre when it was normally open throughout the week. This meant that they had a sense of rapport with the clients, as they were the ones directly responsible for assessing clients' needs and referring them to municipal, provincial, and federal resources. For this clinic, there were only three volunteers in total, one of whom was also a staff member in another area of the organization. This particular volunteer spoke of their role as one of not only completing tax returns but also of educating clients both on the purpose of taxation and of how to file their own returns. This emphasis fit within the broader mandate of the organization, as the clinic administrator explained:

> *I think it goes well with the bigger umbrella of the organization and the community. We're here to serve the community and offer all different services...Well it all goes together right? So if they do their income tax you know they have all of their documents for other services, so Ontario Works, etc. They can show their level of income so it's something. Actually they don't realize that it's a document that is really good for them to have 'cause it's a proof of their revenue that they need for many other services.*

Tax filing is understood to be a requirement for accessing the many other social services available for low-income Canadians, although the connection was not always immediately obvious to some participants.

Common to both of these appointment-based clinics was that volunteers only had the capacity to file 2016 tax returns, meaning that clients with multiple years of taxes to file were referred to the handful of other organizations in Ottawa capable of handling these more complex cases. Further, due to the time limitations imposed by having an appointment-based clinic, clients that arrived without proper documentation were often unable to file on the day and were directed to contact the CRA to obtain their information, something that can pose a barrier for certain clients in these populations (as discussed in section 5.3). Finally, a significant proportion of those served at these clinics were repeat clients, as they were connected to the other services the organization offered and had either been personally contacted to book an appointment or had been referred to the clinic by a staff member.

In contrast, the clinics at the emergency shelter were organized on a walk-in basis and took place two evenings a week during the months of March and April. Clients at these evening tax clinics were a diverse group and ranged from individuals staying either on-site or in other shelters, rooming houses, subsidized housing, or market rentals, and even students and seniors who live in the nearby area. In addition, the shelter also offered three clinics that were held for specific programs within the organization (such as their women's shelter, men's shelter, and an addiction management program) as well as a drop-off tax service twice a week. All of the in-person clinics were coordinated and administered by a long-term volunteer of the CVITP with the assistance of two other volunteers affiliated with the shelter.

Due to the fact that most shelters are operating close to capacity, finding a dedicated space for the clinic was a challenge that required some flexibility on the part of everyone involved. As a result, the weekly clinics were held in the food storage area in the basement of the shelter during the nightly meal, which required clients to notify kitchen staff of their interest in tax filing in order to be escorted downstairs to where the volunteers were set up. Being surrounded by dry foodstuffs and other non-perishable goods while filing a tax return understandably lent a more informal atmosphere to these clinics. Similarly, the other in-person clinics were run out of available rooms within the different shelter programs, including a library, a recreation room, and a multi-purpose room – all spaces with which clients were familiar. Furthermore, delivering tax services on-site within these programs enabled clients who may not have been aware of the program or who may not have proactively sought out a clinic the opportunity to file.

In addition, the decision to structure the clinics on a walk-in basis comes from the staff and volunteers' intimate knowledge of working with this client population who find it difficult at times to adhere to a schedule. Practically, this structure provides volunteers with the flexibility of spending more time with individual clients to ensure that their tax returns are completed through coordinating with their case workers to validate the client's identity and/or to fill in missing information, or by calling CRA to access tax slip information directly. Researchers also found that two of the long-term volunteers affiliated with shelters had retained their access to multiple years of filing software and were offering clients the option of filing their back taxes either on the spot or by drop-off. While filing previous years' returns is not necessarily within the scope of their clinics, these volunteers felt that it was critical to ensuring that the most vulnerable clients within these populations were afforded the opportunity to access much needed benefits.

5.4.2 CVITP Volunteer Capacity

The participating organizations' ability to provide this valuable tax clinic service for their clients is due in large part to volunteers who dedicate their time and diverse skill sets to facilitating the tax filing process. The common threads between all of the volunteers were their adeptness with

using the tax filing software provided through the CVITP and their desire to use this skill to help others. Volunteers from organizations such as the community health centre and resource centre were often individuals who had a specific interest in assisting with tax filing and generally did not maintain an on-going relationship with these organizations throughout the year. Tax filing in these types of clinics was a relatively straightforward process requiring volunteer completion of the CVITP training, software competency, general inter-personal skills, and administrative support from the partnering community organization.

Researchers found that the clinic volunteers in shelters were individuals who had a personal affinity with or sense of empathy for persons experiencing homelessness. These volunteers often had an on-going relationship with shelter organizations and had undergone the sometimes rigorous training required to sensitively interact with persons in marginalized positions. Aside from technical expertise, the capacity of these volunteers to successfully assist some of the most vulnerable clients came from their ability to recognize and validate their clients' life experiences. Liz, a long-term CVITP volunteer spoke of her work in shelters as follows:

> *You have to be somewhat cautious when you're dealing with some of the clients because they can be triggered by certain things. I guess you just develop a rapport with people or how to deal with people when you've been dealing with that group for quite a while...The longer I've done the shelter work and the longer I've spent time with the homeless groups and whatnot...they're just like everybody else you know? They just want to be treated like everybody else. They want you to talk to them you know? Not just ignore them and enter numbers and go away. Which I guess can happen in some places, it gets kind of cold feeling.*

As these volunteers can attest, tax filing is not necessarily always a simple process of entering information into a software program. Asking clients questions related to their last address or their current marital status can bring up memories of painful experiences and requires the willingness and ability of the volunteer to empathize with life stories that can be difficult to hear. Unsurprisingly, these types of volunteers often went above and beyond in their service to clients. For instance, if they were unable to file a client's return for some reason, these volunteers would provide the client with detailed instructions of whom to contact, what information they need and would even assist them with drafting a written statement to the CRA if required. Further, they would liaise with their client's case worker to ensure that these people were aware of what needs to be done, which is especially important for persons experiencing mental health issues, addictions, or disabilities, as this provides the personal support needed to navigate their way through these bureaucratic processes. Siobhan, one of the volunteers who has been with the CVITP for close to two decades, explained the importance of this personal contact as follows:

> *Especially low-income people who are already stressed out by the system and are just trying to make it through the day-to-day stuff. This kind of stuff is just more than they*

can handle. Most people I deal with are in poverty especially if they're housing-insecure or homeless. This is one, if it becomes too much they won't even bother. Like if it's so stressful for them or it's too many steps because it's just yet another pressure on them, that if they don't have somebody to walk them through...There has to be a little bit more consideration taken to the overall context when it comes to taxes because it's not just a piece of paper, this is a lot.

Finally, clinic coordinators, volunteers, and organization staff all commented that, given the low tax literacy of their client populations, some form of an accessible, easy-to-read handout on taxes would be beneficial and would ease their interactions with certain clients. In particular, they felt that information explaining what taxes are, how filing could benefit them, what they need to file, and tips on how to organize themselves would help manage clients' expectations and reduce some of the anxiety and misconceptions around tax filing. Furthermore, there was a general consensus that some form of enhanced screening for volunteers, enabling them to directly access information from the CRA on a client's behalf, could be beneficial and could be an important step to ensuring that the most vulnerable clients could have their needs met on the spot and would be connected to benefits, which are vital to those in poverty. In these volunteers' views, easing the tax filing process through increasing tax literacy and altering certain program procedures could support a broader project of enabling Canadians in these precarious situations to feel more confident in filing their taxes. As Liz explained:

We want everybody filing taxes and paying taxes. You know in this particular case receiving their benefits. But if you make it difficult, it's not going to happen. And eventually down the road you hope these people get out of their situation where they're homeless and they're actually working and employed and contributing by paying taxes and whatnot. And you still want them to file. Well, if you made it miserable and scary for all of those years, they're not in any rush to file their taxes once they get working either.

5.4.3 Client Experiences of the CVITP Clinics

The participants who had filed their returns through a CVITP clinic unanimously described their experience of filing as painless and positive. They were happy to have been able to file their return for free, often noting that the cost of filing through tax preparation services is a burden given their limited financial resources. Further, for participants such as Brian, who experiences cognitive difficulties, the ability to complete a tax return with volunteer assistance provides an important, if temporary, feeling of accomplishment. He described normally having "the feeling like I'm not doing anything and then accomplishing something is a positive experience...otherwise I'm just staring at the clock." Pragmatically, filing through the program means that clients like Brian are connected to the benefits to which they are entitled. Lina further describes the benefit of filing through the CVITP as follows:

> ***It was the very first time that I've had my taxes done by somebody else. I've always done them myself...but actually it was quicker and the tax expert asked me all the questions she needed to ask me and it got done in 20 minutes...She did point out how much I would be receiving. Now that is something that, if I'd done them on my own, I wouldn't have known. They can give you a number here, so that right away I know and I'll be able to- because I will be doing projections.***

Lina is referencing the tax return summary page provided to clients that outlines the details of their return, the estimated amounts of the benefits they will be receiving, and the dates the payments will be received. Clients are especially appreciative of having this printed page as it provides a measure of financial security and enables them to strategically plan out their lives. Further, participants' comments on the unexpected quickness of the filing experience highlight the commonly held notion that tax filing is an onerous, time-consuming process and suggest that the program in some way transforms this perception. While the experience of filing through the CVITP was fast, participants nevertheless expressed a general sense of appreciation for the volunteers giving their personal time to assist them.

All three of the organizations hosting clinics had only advertised internally through their various programs and contacted their clients who had used the clinic the year before, as they serve a large enough population to more than fill their clinic. This indicates that persons who are not connected to social services are unlikely to know about this program and resultantly may continue to experience barriers to tax filing and accessing benefits. Given the CVITP focus on persons with modest income and simple tax situations, participants suggested that advertisements should be located in spaces such as rooming houses, shelters, food banks, drop-in programs, churches and similar spaces that provide support to vulnerable Canadians.

Participants' sole critique of the clinics was that they could be better advertised, as participants had primarily been referred to the service by their case worker, healthcare practitioner, or community organization staff and felt they would not have known about the clinic otherwise. This finding reveals the capacity limitations of some of the clinics currently serving this particular population. Indeed, all three of the organizations in the study had only advertised their clinic internally through their various programs while also contacting their clients who had used the clinic the year before, as they serve a large enough population to more than fill their clinics. This indicates that individuals who are not connected to social services are unlikely to know about this program and may continue to experience barriers to tax filing and accessing benefits. Given the CVITP focuses on individuals with modest incomes and simple tax situations, participants suggested that advertisements should be located in spaces such as rooming houses, shelters, food banks, drop-in programs, churches, and similar spaces that provide support to vulnerable Canadians.

All of the participants in this study remarked on the importance of the CVITP for low-income Canadians who may not be able to afford a tax preparation service and might otherwise opt not

to file and forego the benefits to which they are entitled. In addition, staff from the participating social services organizations commented on the complementarity of the tax service and their other services (such as health, housing, and employment training) and were appreciative of the ability to structure the clinics in such a way as to meet their clients' needs. The CVITP is seen as an invaluable service for those who require personal assistance with tax filing, whether that is due to personal preference, literacy or communication concerns, addiction issues, cognitive disabilities, or anxiety around taxes and financial matters.

6. Conclusion

This study was undertaken as part of the efforts of the CRA to ensure that all Canadians, particularly the most vulnerable parts of the population, are able to receive the benefits to which they are entitled. To better understand how to serve the homeless and housing-insecure populations, researchers conducted an in-depth ethnographic study with the cooperation of social services organizations in the city of Ottawa. The study is not an evaluation of CRA services and is not necessarily representative, as the sample size is small. The findings, however, lead to several observations.

1. The participants in this study have a range of tax filing habits, from those who file annually to those who do not file at all. There are those who file during some years but not others, and those who have returned to filing after a period of multiple years having not done so. Participants express many reasons for filing (including reliance upon income from benefits, civic responsibility, and habit) and many reasons for not filing (including difficulties obtaining and keeping financial documents, distrust of the government, fear of having to face a debt, and having other immediate concerns that are more pressing). Overall, the researchers find that their stories are diverse, but that there are some common themes.

2. The homeless and housing-insecure populations experience a range of competing concerns and stresses in their day-to-day lives, including financial difficulties, disability, addiction, housing issues, and trauma recovery. These factors interplay in complex ways in individuals' lives, shaping their capacities and perceptions, and forming the context from which they engage with the tax administration, or perhaps avoid it. The other set of factors that determine what type of involvement they will have with the CRA, if any, and the quality of that involvement, is the barriers that are embedded in aspects of the tax administration. This report identifies four key barriers: verifying one's identity over the phone, obtaining and keeping financial documents, communication styles, and lack of computer literacy. These barriers may not be obvious or even visible to someone from a different context. Taken together, the lived experience of these populations and

the barriers they face provide a more complete picture of the relationship between vulnerable populations and the government.

3. The CVITP is a CRA program that, together with partner organizations, provides services directly to low-income Canadians. This research examined how this program reaches out to homeless and housing-insecure individuals in order to assist them in filing their taxes, thereby accessing the benefits to which they are entitled. The findings in this report show that the volunteers' capacities and skills, and the clinics' structure and operation, have a significant impact on clients' experience and their success in filing their return.

As this study demonstrates, ethnographic research methods are particularly well suited to research involving persons in marginalized positions, as they draw on the direct voices of participants and in doing so often provide fresh insights into complex social issues such as homelessness or housing insecurity.